Filing Company: Allstate Property & Casualty Insurance State Tracking Number: AR-PC-07-025859

Company

Company Tracking Number: R18604

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Private Passenger Auto

Project Name/Number: Safe Driving Bonus Rule Change/R18604

## Filing at a Glance

Company: Allstate Property & Casualty Insurance Company

Product Name: Private Passenger Auto SERFF Tr Num: ALSX-125268757 State: Arkansas

TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: AR-PC-07-025859

Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: R18604 State Status:

(PPA)

Filing Type: Rule Co Status: Reviewer(s): Alexa Grissom, Betty

Montesi, Brittany Yielding

Author: SPI AllState Disposition Date: 08/23/2007

Date Submitted: 08/21/2007 Disposition Status: Filed

Effective Date Requested (New): 10/01/2007 Effective Date (New): 10/01/2007

Effective Date Requested (Renewal): 10/01/2007 Effective Date (Renewal):

State Filing Description:

#### **General Information**

Project Name: Safe Driving Bonus Rule Change

Status of Filing in Domicile:

Project Number: R18604

Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 03/13/2008

State Status Changed: 08/22/2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

With this filing Allstate is making an update to the Safe Driving Bonus rule which is part of Allstate's Your Choice Auto program. Currently when a customer has purchased the Platinum Package, and meets the qualifications for the Safe Driving Bonus (please see the Safe Driving Bonus rule for a list of qualifications) they receive a credit on their next renewal bill. Customers who choose not to renew receive their Safe Driving Bonus in the form of a check. With this change Allstate is no longer limiting the method of receiving the bonus to solely applying a credit on the policy's next renewal. This will allow for other options, such as the ability to receive a check, to be made available to the customer

Filing Company: Allstate Property & Casualty Insurance State Tracking Number: AR-PC-07-025859

Company

Company Tracking Number: R18604

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Private Passenger Auto

Project Name/Number: Safe Driving Bonus Rule Change/R18604

based on their needs and preference. Please note this is the only change being made to the Safe Driving Bonus at this time.

We intend this change to be effective for all policies in force as of October 1, 2007 as well as new business written on or after October 1, 2007.

# **Company and Contact**

#### **Filing Contact Information**

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com 2775 Sanders Road (847) 402-2774 [Phone] Northbrook, IL 60062 (847) 402-9757[FAX]

**Filing Company Information** 

Allstate Property & Casualty Insurance CoCode: 17230 State of Domicile: Illinois

Company

2775 Sanders Road Group Code: 8 Company Type:

Suite A5

Northbrook, IL 60062 Group Name: Allstate State ID Number:

(847) 402-5000 ext. [Phone] FEIN Number: 36-3341779

-----

# **Filing Fees**

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No

Fee Explanation: Independent rule filing under File & Use.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Allstate Property & Casualty Insurance \$25.00 08/21/2007 15216744

Company

Filing Company: Allstate Property & Casualty Insurance State Tracking Number: AR-PC-07-025859

Company

Company Tracking Number: R18604

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Private Passenger Auto

Project Name/Number: Safe Driving Bonus Rule Change/R18604

# **Correspondence Summary**

## **Dispositions**

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	08/23/2007	03/13/2008
Filed	Alexa Grissom	08/23/2007	08/23/2007

Filing Company: Allstate Property & Casualty Insurance Company State Tracking Number: AR-PC-07-025859

Company Tracking Number: R18604

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Private Passenger Auto

Project Name/Number: Safe Driving Bonus Rule Change/R18604

# **Disposition**

Disposition Date: 08/23/2007

Effective Date (New): 10/01/2007

Effective Date (Renewal):

Status: Filed Comment:

Company Name:	Overall % Rate	Written Premium	# of Policy	Premium:	Maximum %	Minimum %	Overall %
	Impact:	Change for this	Holders		Change (where	Change (where	Indicated
		Program:	Affected for		required):	required):	Change:
			this				
			Program:				
Allstate Property &	%	\$		\$	%	%	%
Casualty Insurance							
Company							

Filing Company: Allstate Property & Casualty Insurance State Tracking Number: AR-PC-07-025859

Company

Company Tracking Number: R18604

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Private Passenger Auto

Project Name/Number: Safe Driving Bonus Rule Change/R18604

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property Casualty	y &Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	PPA Abstract	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Rate	ManualR18604	Filed	Yes
Rate	CheckingListR18604	Filed	Yes

Filing Company: Allstate Property & Casualty Insurance Company State Tracking Number: AR-PC-07-025859

Company Tracking Number: R18604

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Private Passenger Auto

Project Name/Number: Safe Driving Bonus Rule Change/R18604

# **Disposition**

Disposition Date: 08/23/2007

Effective Date (New): 10/10/2007

Effective Date (Renewal):

Status: Filed Comment:

Company Name:	Overall % Rate	Written Premium	# of Policy	Premium:	Maximum %	Minimum %	Overall %
	Impact:	Change for this	Holders		Change (where	Change (where	Indicated
		Program:	Affected for		required):	required):	Change:
			this				
			Program:				
Allstate Property &	%	\$		\$	%	%	%
Casualty Insurance							
Company							

Filing Company: Allstate Property & Casualty Insurance State Tracking Number: AR-PC-07-025859

Company

Company Tracking Number: R18604

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Private Passenger Auto

Project Name/Number: Safe Driving Bonus Rule Change/R18604

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property Casualty	y &Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	PPA Abstract	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Rate	ManualR18604	Filed	Yes
Rate	CheckingListR18604	Filed	Yes

Filing Company: Allstate Property & Casualty Insurance Company State Tracking Number: AR-PC-07-025859

Company Tracking Number: R18604

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Private Passenger Auto

Project Name/Number: Safe Driving Bonus Rule Change/R18604

#### **Rate Information**

Rate data applies to filing.

Filing Method:

**Rate Change Type:** 

**Overall Percentage of Last Rate Revision:** 

**Effective Date of Last Rate Revision:** 

Filing Method of Last Filing:

## **Company Rate Information**

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Premium:	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders		Change (where	Change (where
	Change:		Change for	Affected for this		required):	required):
			this	Program:			
			Program:				
Allstate Property &	%	%				%	%
Casualty Insurance							

Company

Filing Company: Allstate Property & Casualty Insurance State Tracking Number: AR-PC-07-025859

Company

Company Tracking Number: R18604

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Private Passenger Auto

Project Name/Number: Safe Driving Bonus Rule Change/R18604

#### Rate/Rule Schedule

Review Status: Exhibit Name: Rule # or Page Rate Action Previous State Filing Attachments

Number:

#:

Filed ManualR18604 R18604 Replacement R18604.PDF

Filed CheckingListR18604 R18604 New R18604.PDF

#### **RULE 55 – SAFE DRIVING BONUS**

#### A. Safe Driving Bonus Date

- 1. The Safe Driving Bonus Date is the effective date of the next full policy period after the endorsement of the policy with the Allstate® Your Choice Auto Insurance Platinum Protection option package. **Exception:** if the package is endorsed onto the policy within 30 days after the policy effective date, the Safe Driving Bonus Date will be the effective date of the current policy period.
- 2. At each subsequent renewal, if:
  - a. the policy is in the Allstate® Your Choice Auto Insurance Platinum Protection option package 30 days prior to the renewal effective date of the policy, and
  - b. no vehicle on the policy has been assigned an accident that has a Payment Date, as defined in Rule 22, that is within the six months ending 45 days prior to the policy effective date for which:
    - 1. Allstate has made a payment under the following coverages: Coverage AA Bodily Injury, Coverage BB Property Damage, or Coverage DD Collision, and
    - 2. the sum of the payments under these coverages is greater than or equal to the applicable Accident Threshold, defined in Rule 22,

#### Exceptions:

- 1. If an insured was not at fault in any manner (0%) for an accident that:
  - a. resulted in a Coverage DD Collision claim, and
  - b. no losses were paid under Coverage AA Bodily Injury or Coverage BB Property Damage,

the Coverage DD – Collision claim will not be considered for purposes of this rule.

2. Accidents with a Payment Date, as defined in Rule 22, that is prior to the Safe Driving Bonus Date will not be considered for purposes of this rule.

5% of the previous policy term's premium for Coverage AA – Bodily Injury, Coverage BB – Property Damage, Coverage VC – Medical and Hospital Benefits, Coverage DD – Collision and Coverage HH- Comprehensive will be returned to the insured.

#### Exception:

If the Safe Driving Bonus Date is less than six months prior to the policy renewal effective date, the 5% credit will not apply.

#### **CHECKING LIST FOR PRIVATE PASSENGER AUTO**

Printing dates are shown on each page to facilitate identification of different editions, but have no direct connection with the effective date of the page.

## **RULES**

Enclosed: Page 55-1 dated 9-1-07

Withdrawn: Page 55-1 dated 7-1-05

Filing Number: R18604

Allstate Property and Casualty Insurance Company

Filing Company: Allstate Property & Casualty Insurance State Tracking Number: AR-PC-07-025859

Company

Company Tracking Number: R18604

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Private Passenger Auto

Project Name/Number: Safe Driving Bonus Rule Change/R18604

# **Supporting Document Schedules**

**Review Status:** 

Satisfied -Name: Uniform Transmittal Document- Filed 08/23/2007

Property & Casualty

Comments: Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

AR - NAIC RATE RULE FILING SCHEDULE.PDF

**Review Status:** 

Satisfied -Name: NAIC loss cost data entry document Filed 08/23/2007

Comments: Attachment:

AR - RATE FILING ABSTRACT RF-1.PDF

**Review Status:** 

Satisfied -Name: PPA Abstract Filed 08/23/2007

Comments: Attachment:

PPA Abstract.PDF

Review Status:

Bypassed -Name: NAIC Loss Cost Filing Document Filed 08/23/2007

for OTHER than Workers' Comp

Bypass Reason: Not applicable

Comments:

# **Property & Casualty Transmittal Document**

1.	Reserved for Insurance I	Dept.	2. Insura	nce Dep	artment Us	e only			
	Use Only	1	a. Date th	e filing is	s received:				
	<b>y</b>		b. Analyst						
			c. Disposition:						
					tion of the fili	ng:			
			e. Effectiv						
				New Bus					
					l Business				
			f. State F						
			g. SERFF		<u>:</u>				
			h. Subject	t Codes					
3.	Group Name								Group NAIC #
٥.	Allstate								008
4					Domicile	NAIC #	FEIN#		State #
4.	Company Name(s)	1	. 0			NAIC #			State #
İ	Allstate Property & Casualty	Insurance	e Company	<u>'</u>	IL	17230	36-334	1779	
5.	Company Tracking Number	er	R1860	)4					
			/ <b>)</b> [: 1						
Conta 6.	ct Info of Filer(s) or Corpora  Name and address		r(s) [includ		ohone #s	FAX	#		e-mail
0.	rume and address			1010	onone #3	177	<i>n</i>		C man
			ant State						O #
	Carrie M. Deppe	Filings	Manager		366-2958	847-402	-9757	cdepp	@allstate.com
	2775 Sanders Road, Suite A5			EXt.	. 22774				
	Northbrook IL 60062								
	NOTHIBIOOK IL 00002	<u> </u>							
				0.					
_	Oi ann a team a af a ceille a min a al fil			Car	m M. L	LANC			
7.	Signature of authorized fil			Carrie M. Depe					
8.	Please print name of auth	orizea tii	8. Please print name of authorized filer Carrie M. Deppe						
Filing	Information (see General Ins		ei	Carrie	ім. Берре				
9.		structions		tions of t	these fields)				
10	Type of Insurance (TOI)			tions of t	these fields) ersonal Auto		,		
10.	Sub-Type of Insurance (Su	ıb-TOI)		tions of t	these fields)		uto (PPA	A)	
11.	Sub-Type of Insurance (Su State Specific Product cod	ıb-TOI) le(s) (if	for descript	tions of t	these fields) ersonal Auto		uto (PPA	n)	
11.	Sub-Type of Insurance (Su State Specific Product cod applicable) [See State Specifi	ıb-TOI) le(s) (if c Require	for descript	tions of t 19.0 P 19.000	these fields) ersonal Auto 11 Private Pa	ssenger A	uto (PPA	n)	
11. 12.	Sub-Type of Insurance (Su State Specific Product cod applicable) [See State Specifi Company Program Title (M	ıb-TOI) le(s) (if c Require	for descript	19.0 P 19.000 Private	these fields) ersonal Auto 11 Private Pa	ssenger A Auto	·		Rates/Rules
11.	Sub-Type of Insurance (Su State Specific Product cod applicable) [See State Specifi	ıb-TOI) le(s) (if c Require	for descript	19.0 P 19.000 Private	these fields) ersonal Auto 11 Private Pa e Passenger e/Loss Cost	ssenger A  Auto	ules	F	Rates/Rules s/Rules/Forms
11. 12.	Sub-Type of Insurance (Su State Specific Product cod applicable) [See State Specifi Company Program Title (M	ıb-TOI) le(s) (if c Require	for descript	19.0 P 19.000 Private	these fields) ersonal Auto 11 Private Pa e Passenger e/Loss Cost	ssenger A  Auto  R C	ules	☐ F	/Rules/Forms
11. 12.	Sub-Type of Insurance (Su State Specific Product cod applicable) [See State Specifi Company Program Title (M	ıb-TOI) le(s) (if c Require	for descript	19.0 P 19.000 Private	chese fields) ersonal Auto 1 Private Pa e Passenger e/Loss Cost ms	ssenger A  Auto  R C	ules	☐ F	/Rules/Forms
11. 12.	Sub-Type of Insurance (Su State Specific Product cod applicable) [See State Specifi Company Program Title (M	ib-TOI) le(s) (if c Require larketing T	for descript	19.0 P 19.000 Private	chese fields) ersonal Auto 1 Private Pa e Passenger e/Loss Cost ms	Auto  R C C	ules	☐ F on Rates e descrip	/Rules/Forms
11. 12. 13. 14. 15.	Sub-Type of Insurance (Su State Specific Product cod applicable) [See State Specifi Company Program Title (M Filing Type Effective Date(s) Requeste Reference Filing?	ub-TOI) le(s) (if le Require larketing Ti	for descript	Private  Rat  With	chese fields) ersonal Auto 11 Private Pa e Passenger e/Loss Cost ms hdrawal	Auto  R C C	ules combinati other (giv	☐ F on Rates e descrip	s/Rules/Forms otion)
11. 12. 13. 14. 15. 16.	Sub-Type of Insurance (Su State Specific Product cod applicable) [See State Specifi Company Program Title (M Filing Type Effective Date(s) Requeste Reference Filing? Reference Organization (if	ub-TOI) le(s) (if c Require larketing T	for descript	Private Rat For With	e Passenger e/Loss Cost ms hdrawal	Auto  R C C	ules combinati other (giv	☐ F on Rates e descrip	s/Rules/Forms otion)
11. 12. 13. 14. 15. 16. 17.	Sub-Type of Insurance (Su State Specific Product cod applicable) [See State Specifi Company Program Title (M Filing Type Effective Date(s) Requeste Reference Filing? Reference Organization (if Reference Organization #	ub-TOI) le(s) (if c Require larketing T	for descript	Private Private Rat For With New: Yes Not ap	ersonal Auto Private Pa Passenger Pe/Loss Cost ms hdrawal  10/01/2007 No plicable plicable	Auto  R C C	ules combinati other (giv	☐ F on Rates e descrip	s/Rules/Forms otion)
11. 12. 13. 14. 15. 16.	Sub-Type of Insurance (Su State Specific Product cod applicable) [See State Specifi Company Program Title (M Filing Type Effective Date(s) Requeste Reference Filing? Reference Organization (if	ib-TOI) le(s) (if c Require larketing To ed applicable 8 Title	for descript	Private  Private  Rat  For  With  New:  Yes  Not ap  August	e Passenger e/Loss Cost ms hdrawal	Auto  R C C	ules combinati other (giv	☐ F on Rates e descrip	s/Rules/Forms otion)

PC TD-1 pg 1 of 2 © 2007 National Association of Insurance Commissioners

#### **Property & Casualty Transmittal Document**

20.	This filing transmittal is part of Company Tracking #	R18604

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

With this filing Allstate is making an update to the Safe Driving Bonus rule which is part of Allstate's Your Choice Auto program. Currently when a customer has purchased the Platinum Package, and meets the qualifications for the Safe Driving Bonus (please see the Safe Driving Bonus rule for a list of qualifications) they receive a credit on their next renewal bill. Customers who choose not to renew receive their Safe Driving Bonus in the form of a check. With this change Allstate is no longer limiting the method of receiving the bonus to solely applying a credit on the policy's next renewal. This will allow for other options, such as the ability to receive a check, to be made available to the customer based on their needs and preference. Please note this is the only change being made to the Safe Driving Bonus at this time.

We intend this change to be effective for all policies in force as of October 1, 2007 as well as new business written on or after October 1, 2007.

**22. Filing Fees** (Filer must provide check # and fee amount if applicable.)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

**Check #:** Not applicable. Fee will be paid via Electronic Funds Transfer.

**Amount:** \$25.00

Independent rule filing under File & Use.

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

PC TD-1 pg 2 of 2

<sup>\*\*\*</sup>Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

# PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.) This filing transmittal is part of Company Tracking # R18604 This filing corresponds to form filing number 2. Not applicable (Company tracking number of form filing, if applicable) Rate Increase Rate Decrease  $\boxtimes$ Rate Neutral (0%) 3. Filing Method (Prior Approval, File & Use, Flex Band, etc.) File & Use Rate Change by Company (As Proposed) 4a. Written Written **Company Name** Overall % Overall # of Maximum **Minimum** policyholders Indicated % Rate Premium premium %Change %Change Change Change **Impact** affected for this (where (where for this (when for this program required) required) Applicable) program program Allstate Property & N/A N/A N/A 17,629,2 Casualty Insurance 64 Company Rate Change by Company (As Accepted) For State Use Only 4b. Overall % Overall Written Written **Company Name** # of Maximum Minimum %Change %Change Indicated % Rate Premium policyholders premium Change **Impact** Change affected for this (where (where (when for this for this program required) required) Applicable) program program 5. Overall Rate Information (Complete for Multiple Company Filings only) **COMPANY USE** STATE USE Overall percentage rate indication(when applicable) 5a. 5b. Overall percentage rate impact for this filing Effect of Rate Filing – Written premium change for this 5c. Effect of Rate Filing - Number of policyholders affected 5d. Overall percentage of last rate revision 0.0% 7. **Effective Date of last rate revision** 6/19/2006 Filing Method of Last filing 8. (Prior Approval, File & Use, Flex Band, etc.) File & Use Rule # or Page # Submitted Replacement Previous state for Review or withdrawn? 9. filing number, if required by state □New Replacement 01 Page 55-1 Withdrawn ☐ New 02 Replacement Withdrawn New 03 Replacement Withdrawn

# FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

EFFECT

1.			ittal is part of Company Tracking #				604						
2.	If of	filing is an adoption Advisory Organiz	ng is an adoption of an advisory organization loss cost filing, give name dvisory Organization and Reference/ Item Filing Number										
	Company Name Company NAIC Number												
3.	A.	Alls		asualty Insurance (	Company	B.			008-17230				
	Product Coding Matrix Line of Business (i.e., Type of Insurance)  Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)												
4.	A.		19.0 Pe	ersonal Auto	D B. 19.0001 Private Passenger Auto (PPA)					A)			
5.													
		(A)					ŀ	OR LOSS COSTS OF	NLY				
	_	(A) OVERAGE Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) (E) (F) (G) (H) Loss Cost Selected Expense Co. Current Expected Modification Loss Cost Constant Loss Cost				Co. Current				
		vel indication apleted	0.0%										
TC	TAL	OVERALL								_			

6.	5 Year History	Rate	Rate Change History				
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
N/A							

7.				
Expense Constants	Selected Provisions			
Expense Constants	Liability	Physical Damage		
A. Total Production Expense	0.04	0.04		
B. General Expense	0.05	0.05		
C. Taxes, License & Fees	0.029	0.029		
D. Underwriting Profit	0.097	0.130		
& Contingencies				
E. Other (explain) Commission	0.129	0.129		
F. TOTAL	0.345	0.378		

8.		Apply Lost Cost Factors to Future filings? (Y or N)
9.	0.0%	Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):
10.	0.0%	Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):

PC RLC INS01783

#### PRIVATE PASSENGER AUTOMOBILE ABSTRACT

<u>Instructions:</u> All questions must be answered. If the answer is "none" or "Not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent homeowners rate/rule submission that do not alter the information contained herein need not include this form.

	ny Name No. <u>1723</u>		ate Property a	and Casualty Insur	ance Company Group No.	0008
1.	Are there any areas in the State of Arkansas in which your company will not write automobile insurance?					
2.	Do you furnish a market for young drivers? <u>Yes</u> Over age 65 drivers? <u>Yes</u>					
3.	Do you require collateral business to support a youthful driver risk? _No_					
4.	Do you insure driver with an international or foreign driver's license? <u>No</u>					
5.	Specify the percentage you allow in credit or discounts for the following:					
	a. b. c. d.	Good S Multi-c Accide	Over 55 (and tudent Discovar Discount on Free Disco	unt*	Premier Plus Disc	10% 10-20% N/A%  - Varies by coverage & rating group ount - Varies by coverage & rating group
Premier	r Plus Dis				iscount <u>Premier</u>	Discount – 3 years with no accidents;
6.		Other ( Resider Econom Utility New Ca Multipl Passive Anti-Lo Accider Good F Good F Easy Pa	ny Car Disco Discount ar Discount e Policy Disc Restraint Di ock Brakes D nt Prevention lands People ayer Discount ay Discount	Course Discount Discount nt	utomobile insuranc	N/A %
	If so, w	hat is the	e fee for insta	llment payments?	\$3.50	
				for this information	n for the 384 tiers	ne programs and percentage difference.  te the current volume for each program.
		Tier 1		ent Written emium 50,902	Tier 193	Current Written Premium 25,566

7.

_			
2	217,452	194	238,244
3	65,801	195	96,311
4	817	196	3,625
5	26,133	197	39,312
6	11,921	198	29,931
7	20,512	199	14,883
8	90,971	200	134,140
9	27,758	201	114,007
10	372	202	2,555
11	8,601	203	27,687
12	6,326	204	44,279
	0,320		44,279
13		205	-
14	1,226	206	2,012
15	1,822	207	2,332
16	-	208	-
17	_	209	<del>-</del>
18	_	210	901
19		211	901
	-		-
20	321	212	1,677
21	550	213	4,871
22	-	214	-
23	487	215	1,071
24	_	216	1,316
25	38,351	217	22,637
26		218	
	132,204		193,517
27	57,929	219	130,684
28	963	220	3,086
29	16,761	221	38,472
30	10,116	222	30,401
31	19,668	223	14,024
32	73,940	224	148,499
33		225	
	32,731		111,979
34	973	226	1,330
35	12,750	227	33,892
36	4,717	228	54,527
37	-	229	-
38	388	230	-
39	820	231	3,250
40	020	232	0,200
	-		-
41	-	233	987
42	-	234	-
43	-	235	-
44	178	236	3,993
45	-	237	1,875
46	-	238	, -
47	_	239	706
	-		
48	530	240	5,410
49	35,400	241	17,631
50	167,651	242	195,173
51	49,757	243	135,082

52	2,999	244	762
53	19,732	245	51,460
54	9,054	246	35,306
55	18,913	247	16,306
56	68,685	248	167,680
57	22,106	249	178,527
58	455	250	5,413
59	15,292	251	42,502
60	6,553	252	91,490
61	-	253	-
62	1,079	254	_
63	1,405	255	_
64	-	256	<u>_</u>
65	1,053	257	_
66	1,033	258	210
	-	259	210
67	-		2 205
68	-	260	2,295
69 70	1,801	261	6,465
70 74	-	262	-
71	-	263	-
72	-	264	8,648
73	40,312	265	19,650
74	170,478	266	141,222
75	59,091	267	93,146
76	2,805	268	617
77	15,968	269	46,249
78	11,085	270	39,729
79	17,670	271	15,822
80	91,346	272	144,868
81	42,319	273	196,617
82	1,275	274	2,485
83	7,493	275	43,388
84	6,316	276	79,606
85	-	277	-
86	399	278	2,899
87	4,495	279	4,411
88	-	280	-
89	-	281	-
90	-	282	680
91	-	283	-
92	-	284	448
93	750	285	9,060
94	-	286	-
95	-	287	1,163
96	-	288	9,713
97	25,148	289	8,877
98	163,128	290	162,272
99	62,808	291	119,425
100	2,294	292	4,116
101	22,120	293	44,342
		_00	11,072

102	16,463	294	48,170
103	12,254	295	7,057
104	83,615	296	151,753
105	41,501	297	207,284
106	2,729	298	5,549
107	10,049	299	59,290
108	8,854	300	169,202
109	-	301	-
110	_	302	547
111	1,484	303	7,625
112	-	304	7,023
113	_	305	728
114	224		
	224	306	1,289
115	-	307	-
116	445	308	1,267
117	1,747	309	11,408
118	-	310	
119	589	311	1,174
120	512	312	10,688
121	38,547	313	8,752
122	193,775	314	98,299
123	80,465	315	76,359
124	4,193	316	2,268
125	19,249	317	40,655
126	12,533	318	52,560
127	16,068	319	3,922
128	99,484	320	110,605
129	50,856	321	216,833
130	5,167	322	3,437
131	14,254	323	44,295
132	23,593	324	102,986
133	,	325	-
134	_	326	491
135	1,125	327	4,951
136	-	328	-
137	_	329	_
138	_	330	1,141
139	_	331	-
140	693	332	4,046
141	1,212	333	13,379
142	1,212	334	
	-		2,294
143	- 070	335	-
144	978	336	11,730
145	23,541	337	5,824
146	146,061	338	91,364
147	78,708	339	53,657
148	2,744	340	312
149	26,489	341	33,437
150	16,573	342	41,155
151	16,438	343	4,460

152	91,768	344	93,369
153	67,078	345	154,786
154	846	346	304
155	18,765	347	30,414
156 157	22,360	348	140,978
157	- 0.400	349	1.050
158	2,166	350	1,950
159	2,080	351	2,319
160	4 000	352	-
161	1,038	353	2,501
162	174	354	6,214
163	856	355	-
164	2,139	356	-
165	3,483	357	7,083
166	-	358	-
167	636	359	1,725
168	1,068	360	12,384
169	22,204	361	10,412
170	131,037	362	78,625
171	68,212	363	54,945
172	1,238	364	1,696
173	37,642	365	32,984
174	18,422	366	34,888
175	8,055	367	7,064
176	125,817	368	84,815
177	59,535	369	185,732
178	3,032	370	1,865
179	24,950	371	43,548
180	27,477	372	136,153
181	-	373	-
182	1,027	374	1,735
183	1,269	375	6,936
184	-	376	-
185	545	377	-
186	482	378	8,857
187	-	379	1,872
188	2,334	380	2,302
189	1,540	381	8,728
190	-	382	-, <del>-</del> -
191	_	383	1,835
192	1,749	<u>384</u>	12,385
-	.,	Total	10,521,850
			,,,

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Carrie Deppe
Signature
Assistant State Filings Manager
Title
(800) 366-2958 x 22774

Telephone Number